NOTE:

Personalized vouchers can be printed from our web site at www.revenue.wi.gov.

Voucher below

▼ *cut here* ▼

2008
Form **3S-ES**

Wisconsin Partnership Estimated Recycling Surcharge Voucher
Use this form only if your taxable year begins in 2008

Person to contact regarding payment: _____

Phone number: _____

Make check payable to and mail to:
Wisconsin Department of Revenue
Box 930208
Milwaukee WI 53293-0208

| Federal Employer ID Number |
| ▶ |

| Partnership Name |

| Number and Street |

| City | State | Zip Code |

This estimated surcharge payment is for:

☐ 2008 calendar year

☐ Fiscal year beginning → | m m | d d | y y y y |

☐ Short taxable year

beginning _____, 2008; ending → | m m | d d | y y y y |

For calendar year filers, payments are due April 15, 2008, June 16, 2008, September 15, 2008, and January 16, 2009, and, for partnerships receiving extensions, by April 15, 2009.

Amount of Payment

$ _____ .

Please do not staple your payment to this voucher.

IP-033 (R. 11-07)

2081201012000000799999999123120080606198000000000000

3S-ES Generation Guidelines

Preparer's should use the taxpayer's FEIN to identify where the payment should post. The scan line includes a code for identifying which identifying number is being used. Two digits in the scan line have been defined to determine who the originator of the document is. (WDOR, Internet, or Tax Preparer).

Currently our CRP scan line consists of 50 characters. Utilizing the following guidelines will greatly reduce the number of exception or miscellaneous processing errors which would allow for less manual intervention on the posting of these types of estimated tax payments.

The following guidelines would be utilized by **Preparer Generated Returns** in the printing of the scan line on the documents

Corporation

Position	Field	Value
Position 1 - 3	Drawer Number	"208"
Position 4 - 8	Tax Type Code	"12010" – Estimated Partnership Recycling Surcharge
Position 9	Posting Code	"1" - Automatic Posting
Position 10	Tax Account Identifier	"2" - FEIN
Position 11 - 16	Filler	"000000"
Position 17- 25	Account Number	9 character FEIN
Position 26 - 33	Period End date	8 digit period end date (mmddccyy)
Position 34 - 35	Payment Type	"06" - Estimated Tax Payment
Position 36	Filler	"0"
Position 37	Check Digit	"#" (See calculation instructions below)
Position 38	Voucher Type	"1" - New
Position 39 - 40	Preparer ID	"##" - Assigned by business staff
Position 41 - 50	Amount Paid	$$$$$$$cc

1. **Form 3S-ES Document Specifications**

   a. Size: Form 3S-ES must be 8 1/2" x 3 2/3".

   b. Paperweight must be 20 pounds/500 sheets.

   c. Smoothness - between 65 and 200 Sheffield units on both sides. Unacceptable coatings include carbon coating and no-carbon required coatings. The coupon must be free of foreign matter such as staples, paper clips, adhesive tape or glue, etc. There can be no holes in the coupon.

   d. Bottom edge must be perpendicular to within 2 degrees to the right-hand and left-hand edges.

   e. No tears are allowed on the right-hand and bottom edges. Any perforations for a stub must be on the topside or left-hand edges of the document.

   f. The paper must be white, highly opaque and have a flat finish.

g. It is essential that the remitter's name appear on the coupon. It is advisable to duplicate all scan line information fields elsewhere on the remittance coupon to facilitate any necessary data entry correction.

2. **OCR Scan Line Specifications (Form 3S-ES)**

a. The OCR scan line must be printed in OCR "A" font at a pitch of 10 characters per inch.

b. The software should default to omit the scan line altogether if the customer is unable to print in OCR "A" font.

c. The OCR scan line must be printed on each form.

d. The right edge of the last character in the OCR scan line must be 1/2 inch from the right-hand edge of the form.

e. The bottom of the OCR print line must be 1/2 inch above the bottom edge of the form and must be parallel to the bottom edge of the form.

f. The OCR scan line must center in a "clear band" 1/2 inch high centered on the OCR print line, which must be free of extraneous print, dirt, carbon residue, and all foreign matter.

g. The line of characters to be read must be printed within the "printing band," which is located in the center of the clear band. The printing band is 0.22 inches high.

h. The ink in the printed character must absorb light in the 550 to 950 nm wavelength range. The ink must not spatter or smear.

i. The OCR print line should read:

Form 3S-ES for Corporations:
20812010120000000999999999mmddccyy060**9**199$$$$$$$$cc

j. For Form 3S-ES the first set of nine "9"s by the taxpayers FEIN number. The first "9" in the series "9199" is replaced by the check digit that is derived from positions 10 through 36. The last two "9"s in the series "9199" are replaced by the software developer's department-assigned two-digit vendor identification number.

3. **Modulus 10 – Check Digit Calculation**

a. The check digit calculation utilizes position number 10 through 36 of the CRP scanline. Fields within these character positions include tax account identifying numbers, Period end dates, and payment types.

b. Multiply the number in positions 36, 34, 32, 30, 28, 26, 24, 22, 20, 18, 16, 14, 12, and 10 by 2. (This is every other position starting with the right most position)

c. Add the digits in the products to the digits in the base number that were not multiplied.

d. Subtract the sum from the next highest multiple of 10.

e. The difference is the Check Digit.

f. Example:

Scan Line: 2080164011200000021578391000020080614**1**990000001300

Positions 10 – 36:   12000000215783910000200**8**061

Right most position and every other position:

1, 0, 0, 2, 0, 0, 9, 8, 5, 2, 0, 0, 0, 1

Multiply by 2:   2, 0, 0, 4, 0, 0, 18, 16, 10, 4, 0, 0, 0, 2

Digits not multiplied (From right to left):   6, **8**, 0, 0, 0, 1, 3, 7, 1, 0, 0, 0, 2

Add the digits: 1st number   2nd Number

{2+0+0+4+0+0+(1+8)+(1+6)+(1+0)+4+0+0+0+2} + {6+**8**+0+0+0+1+3+7+1+0+0+0+2} =

Sum: 5**7**

Next highest multiple of 10 = 60

Subtract: 60 – 5**7**

Check Digit: **3**